

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	MM	15331	
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	32	67367	3/25/00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date	
Final	Original	
1	7/11/91	7/17/91
2	9/02/93	9/03/93
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Claim	Date	
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If more than 150 claims or 10 actions  
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